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PRINTED: 08/17/2012
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8801	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/30/2012
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MC MINNVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	<p>1200-8-8-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the overall nursing home environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation on 7/30/12 at 10:55 AM revealed a water stained ceiling tile in the break room. 2. Observation on 7/30/12 at 12:08 AM revealed a broken ceiling tile in the mechanical room by the front offices. <p>These findings were acknowledged by the maintenance staff and the facility administrator during the exit conference on 7/30/12.</p>	N 831	<p>N831</p> <p>Corrected Actions Accomplished. The Maintenance Supervisor and Maintenance Assistant removed the water stained ceiling tile in the break room and the broken ceiling tile in the mechanical room by the front offices and replaced with new ceiling tiles on 7/30/12.</p> <p>How We Have Identified Other Potential Areas Affected by the Same Practice and What Corrective Action Taken. The Maintenance Supervisor and Maintenance Assistant looked at all areas of the building on 7/30/12 for broken and/or stained ceiling tiles. None noted.</p> <p>What Done to Ensure That the Practice Does Not Recur. The Administrator in-serviced all partners on 8/30/12 regarding reporting any stained and/or broken ceiling tiles to be replaced by Maintenance.</p> <p>The Corrective Action Will Be Monitored To Ensure the Practice Will Not Recur. The Maintenance Supervisor and Maintenance Assistant will check all areas of the building weekly times 4 weeks for stained or broken ceiling tiles to ensure substantial compliance. The Maintenance Supervisor and Maintenance Assistant will continue to monitor ceiling tiles on an on-going basis as part of regular preventive maintenance. Results will be reported to the QA Committee (Administrator, Medical Director, Director of Nursing, Health Information, and Assistant Director of Nursing.</p> <p>Completion Date: 7/30/12</p>		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 1